Indiana Department of Insurance - Provider Complaint Form

*Note: **A separate complaint form is needed for each patient**. Do not use this form for complaints regarding worker's compensation unless the complaint involves prompt payment of claims. Other worker's compensation complaints should be directed to the Worker's Compensation Board.*

Provider's Name _____ Specialty_____
Contact person responsible for billing_____ Phone (_____)_____
Title_____ Fax (_____)_____
E-Mail _____
Provider's address _____
City _____ Zip Code_____

Complaint: ☐ No Pay ☐ Late Pay ☐ Coding ☐ Other _____

Complaint Against: ☐ Insurer ☐ Third-Party Administrator
PLEASE SUPPLY ALL COMPLETE NAMES AS LISTED ON THE INSURANCE CARD.
Insurer/TPA Name _____
Insurer/TPA Address _____
City _____ State _____ Zip Code _____
Network Name _____
If employer group insurance name of employer _____

Name of Patient is different from Insured _____ Relationship to Insured _____
Patient's Address _____
City _____ Zip Code_____
Patient's phone (_____)_____ Patient's e-mail _____
Insured's Name _____
Group ID Number _____ Member ID Number _____
Date(s) of service _____ Date(s) of claim filing _____
Claim was filed: ☐ On Paper ☐ Electronically Amount of claim(s) $_____

Was claim clean? ☐ Yes ☐ No If no, what additional information was requested? _____
_____
_____
Postmark date or electronic date additional information was requested:_____
Date additional information was provided: _____ How sent? _____

Partial payment received? ☐ No ☐ Yes If yes, amount of partial payment $_____
If yes, what reason was given for only partial payment? _____

Date(s) of attempts to collect payment (should span at least 90 days):
Include contact dates, method of contact, name of insurer's representative contacted)
_____
_____
_____

Please provide a brief summary of reason for complaint and any additional information you believe will be helpful to the review of your complaint. _____
_____
_____
_____
_____
_____

E-MAIL COMPLETED FORM TO: bfoy@doi.state.in.us or ***FAX TO***:
Indiana Department of Insurance – Consumer Services (317) 232-5251 or
Mail to: Indiana Department of Insurance Consumer Services, 311 W. Washington St., Indianapolis, IN 46204